



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1920.00

Complete if Known

Application Number	10/537,749
Filing Date	June 6, 2005
First Named Inventor	Terry Wayne Lockridge
Examiner Name	Junior O Mendoza
Art Unit	2423
Attorney Docket No.	PU020489

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832   Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Design	300	150	500	250	200	100	
Plant	200	100	100	50	130	65	
Reissue	200	100	300	150	160	80	
Provisional	300	150	500	250	600	300	
	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Small Entity
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

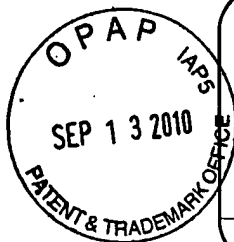
Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5319
Signature				Date	9/08/10



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> for FY 2005		Application Number	10/537,749
		Filing Date	June 6, 2005
		First Named Inventor	Terry Wayne Lockridge
		Examiner Name	Junior O Mendoza
		Art Unit	2423
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PU020489
<b>TOTAL AMOUNT OF PAYMENT</b>		( \$ )	1920.00

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check   ☐ Credit card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_
- Customer Number 24498**
- ☒ Deposit Account: Deposit Account Number 07-0832   Deposit Account Name: THOMSON LICENSING LLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<b>Independent Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

RCE Fee

**Fees Paid (\$)**

810.00

**SUBMITTED BY**

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5319
Signature				Date:	9/08/10

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Report to Data Base  
 Docket No. **0000489**  
 Serial No. **10/537,749** Filed: **6/6/2005**  
 Patent No. \_\_\_\_\_  
 Inventor(s): **TERRY W. LOCKRIDGE et al.**  
 Title: **Method and System For Premium channel And PPV Video Resell**  
 Atty: Vincent E. Duffy

PATENT OPERATIONS

APPLICATION AS FILED

Enter Date	Enter Number	Check Type	Check Items Mailed with Application	Express Mail Application Label No.:
		Independent Claims	<input type="checkbox"/> Declaration	
		Claims in Excess 20	<input type="checkbox"/> Statement under CFR § 1.56-013M	
		Claim Pages	<input type="checkbox"/> Assignment & Recordation Sheet	
		Specification Pgs	<input type="checkbox"/> Preliminary Amendment	
		Sheets of Drawings	<input type="checkbox"/> Priority Document -	
		Abstract Pages	<input type="checkbox"/> IDS 1449 with References	
			<input type="checkbox"/> Re-Exam	
			<input type="checkbox"/> US Provisional	
			Utility Application Transmittal	
			Fee Transmittal Sheet in duplicate	
			APPEALS	
			Notice of Appeals	
			Appeal Brief	
			Reply Brief	
			Pet. To Withdraw	
			REQUESTS	
			Ext. Time § 1.136(b)	
			Cert. of Correction	
			OTHER	
			Statement NASA	
			Terminal Disclaimer	
			Claim Disclaimer	
			Status Letter	
			Declaration	
			Suppl. Declaration	
			Missing Parts Letter	
			Charge	
			AMENDMENTS	
			After Rejection	
			After Final Rejection	
			After Allowance UIR312	
			Supplemental	
			Voluntary	
			Letter to Exam/Draftsperson w/ Drawing Correction(s)	
			Pg(s) of Formal Dwg(s)	
			OTHER	
			Lic. To For. File	
			Reg. Priority 35USC119	
			Statement DOE	
			Statement under §1.56	
			IDS w/ references	
			Certificate of Mailing	
			Charge	
			FEES	
			Filing Fee Exp.	
			Issue Fee	
			RCE Fee	
			Ext Time § 1.136(a)	
			Add. Payment of Fee	
			Fee Trans. Form in duplic.	
			TOTAL FEE AMT.	
			OTHER	
			Appointment Atty/Agent	
			Assignment & Record form	
			Letter to PO	
			Notif. of Foreign Ref.	
			Correction Of Record	

